



“Life of the Case” Analysis

Intake

1. OUTCOMES

- ☐ Child Safety
- ☐ Appropriate Decisions Concerning Acceptance of Report for an Investigation
- ☐ Timely and Effective Hand-Off of Report for Investigation Assignment

When allegations of abuse or neglect of a child by a parent, guardian or custodian are made, the State has the responsibility to ensure that children are protected, and provided their due process for safety and protection through a child protective investigation. Indiana’s Child Protective Services Intake procedure is the initial mechanism by which the State ensures this due process, and by which the affected child and family’s engagement with the Department of Child Services (DCS) begins. Government should only intervene in the sanctity of the family when there is reason to believe that the safety of a child is at risk. The Intake process is critical to ensuring that government’s intervention is required.

Timely, accurate, and appropriate Intake decisions establish the critical foundation for DCS ensuring positive outcomes for Indiana’s children and families. Because Intake is the first stage of the life of a child welfare case, the effectiveness of the Intake process is crucial for all involved in the following ways:

- ☐ **Child:** to ensure that when there is reason to believe that a child’s safety is at risk that the Department responds quickly and appropriately in conducting an Investigation and when necessary implement the necessary interventions to provide for the safety of the child.
- ☐ **Family:** to ensure that the Department will only intervene in the life of a family when there is clear reason to believe, based upon the consistent and objective application of child protective services Intake criteria and standards, that the child(ren) may be at risk.
- ☐ **Department:** when a report is accepted for an Investigation, to ensure that the critical information gathered at Intake informs and supports the Department’s child protective services Investigation process and findings.
- ☐ **Community:** to ensure that the community has confidence that the Department is effectively responding to allegations of abuse and neglect based upon clear criteria, consistent standards and the highest level of quality practices possible for achieving positive outcomes in providing for the safety of children who are at risk.

Safety for children is a critical outcome area identified in the federal Child and Family Service Review (CFSR). The first CFSR Safety outcome is “*children are first and foremost protected from abuse and neglect.*” This outcome area has two related sub-items, the first of which is directly related to the efficacy of the activities that take place during the Intake phase of the case. The Intake function for Indiana is to determine which reports of abuse or neglect require a response, and if so, what type of response is necessary. As highlighted by the fact that this is a critical outcome area in the CFSR, it must be a major consideration for Indiana as it strives to improve its child welfare program.

Even with safety as the paramount focus of the Intake process, Intake also has a unique customer service function. It is often the only contact the community has with DCS. To community members in law enforcement, the courts, health care, education and day care as well as all other concerned citizens, the call, fax, Email, or report to Intake provides the first impression of the level of



Indiana Review and Analysis Life of the Case – Intake



public service and responsiveness available through DCS. Given the challenges DCS faces due to the current environment and media attention regarding child abuse and neglect, Intake becomes even more important from a community perspective: the Department, from the first call to Intake, must make the right decisions to protect Indiana's children, and must instill confidence in the public to encourage them to report abuse and neglect so it may be effectively addressed and prevented.

Indiana Statute specifies that *any individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report (IC 31-35-5-10)*. The State has established a “higher bar” for reporting than other States. In Statute, the consequences for not reporting, places everyone in Indiana in the status of a “mandatory” reporter. Other State’s laws or rules for reporting abuse and neglect are not as prescriptive for the general citizenry. Understanding that there are categories of reporters who are very critical in bringing concerns regarding abuse and neglect to the Department, Indiana has also established requirements for reporting by “professional” reporters: staff members of human services agencies or facilities, healthcare providers, law enforcement, and Foster Parents.

Reports of abuse and neglect come from a variety of reporters. Information and participation from all parties, not just the child and family, is crucial to:

- ☐ Arriving quickly and accurately to an appropriate Intake decision;
- ☐ Providing the foundation and support essential to conducting an objective Investigation of the safety and risk factors facing the child;
- ☐ Establishing the clear basis for DCS involvement with the family when an allegation is substantiated ; and
- ☐ Supporting the Family Case Managers (FCM) in the development and execution of the Case Plan.

Research has demonstrated that the continuity of child welfare services and responses to children and families is directly related to the achievement of positive outcomes. Continuity means that throughout the life of a case there is a clear and consistent model of practice, approach, standards and linkage of information in the engagement, Investigation, planning and intervention practices employed. The Intake process sets the stage for success of all DCS decisions and actions throughout the life of the case and for ensuring the continuity of DCS activities and interventions.

In addition to child protection, Indiana’s child protection workers are charged with investigating all allegations of Sexual Abuse or Sexual Contact involving a minor, whether or not the abuse is perpetrated by a parent or caregiver. As detailed in IC 31-34-1-3, a child is considered a Child in Need of Services (CHINS) if the child (or the child’s sibling living in the same home) is a victim of any type of sexual misconduct or abuse. Section 204.32 reiterates in bold type: ***“Alleged sexual abuse must be investigated regardless of whether the alleged perpetrator is in a caregiver role in relation to the victim.”***

Summary

Indiana’s mandates for Intake regarding reporting requirements are stronger than other States. With the exception of allegations of Sexual Abuse, the States criteria for gathering, analyzing reporting information and the criteria used for accepting a report are consistent with those in other states. The Statute requiring DCS to consider all allegations of Sexual Abuse or Contact involving a minor, whether or not a parent or caregiver is involved, is well outside of the scope of that in other states’ Child Protective agencies. One Subject Matter Expert (SME) from Elkhart county indicated that at one time recently, there were approximately 150 sexual abuse allegations being investigated in her county, most of which were not related to caregivers or parents. This extra burden has the potential to significantly inhibit County offices from performing the normal tasks required to protect Indiana’s abused and neglected children.



Indiana Review and Analysis Life of the Case – Intake



2. CRITERIA

- ☐ Child Must be Under 18 Years of Age
- ☐ Alleged Perpetrator is a Parent, Guardian or Custodian (with the exception of allegations of sexual abuse)
- ☐ Incident/Allegation Falls within Indiana's Definition of "Abuse" or "Neglect"
- ☐ Compliance with Guidelines Regarding Response Times

Intake workers must have the training and tools essential to apply the State's abuse and neglect criteria and immediately decide how to respond to each allegation of abuse or neglect. This requires well trained staff that can readily obtain specific information from the reporter concerning the alleged victim, perpetrator, and allegation, and ensure that first and foremost, the report meets three criteria that would imply a child may be in need of the due process of a child protective services Investigation.

- ☐ First, the Intake worker must ensure that the allegation concerns a "child," meaning a person under the age of 18.
- ☐ Second, the worker must determine the relationship of the alleged perpetrator to the child in question. Only abuse or neglect by parents or those acting in a caretaker role are the responsibility of DCS (with the exception of sexual abuse, as described above); all other allegations should be referred to law enforcement for Investigation.
- ☐ Finally, the Intake worker must determine whether the allegation meets the statutory definition of abuse or neglect, as detailed in IC 31-34-1-1.

Once it has been established that the abuse or neglect falls within these definitions, the Intake worker must decide upon the response time required for the Investigation. The Juvenile Code, in IC 31-33-8-1, designates time limits for the initiation of Investigations of various types of reports as follows:

- (a) The local child protection service shall initiate an immediate and appropriately thorough child protection Investigation of every report of known or suspected child abuse or neglect the local child protection service receives, whether in accordance with this article or otherwise.
- (b) Subject to subsections (d) and (e), if the report alleges a child may be a victim of child abuse, the Investigation shall be initiated immediately, but not later than twenty-four (24) hours after receipt of the report.
- (c) Subject to subsections (d) and (e), if reports of child neglect are received, the Investigation shall be initiated within a reasonably prompt time, but not later than five (5) days, with the primary consideration being the well-being of the child who is the subject of the report.
- (d) If the immediate safety or well-being of a child appears to be endangered or the facts otherwise warrant, the Investigation shall be initiated regardless of the time of day.
- (e) If the child protection service has reason to believe that the child is in imminent danger of serious bodily harm, the child protection service shall initiate within one (1) hour an immediate, onsite Investigation.

Policy requires supervisors to make the final decision about whether a report meets the criteria for further Investigation; however, SMEs participating in the "life of the case" workflow development, indicated that they often make the decisions on their own, with supervisors reviewing only the cases that have been screened out. This deviation from policy is based upon ensuring that the Department is responding immediately in those reports requiring an "Immediate," "One Hour," or "24 Hour" response and a supervisor is not available. Other State's have established policies that are consistent with what is seen



Indiana Review and Analysis Life of the Case – Intake



as practice in Indiana counties in that their policies allow the acceptance of a report and the beginning of an Investigation in high risk cases without supervisory approval. However, these states do require post Investigation implementation review and also require supervisory review and approval of all Intake reports not accepted for an Investigation. This later policy requirement ensures that no child in need of the due process of an Investigation for safety and protection falls through the “gaps.”

Summary

SMEs indicated that often, the decision to accept a report and recommending an Investigation response timeline is made using worker experience as the sole guide. Currently, there are no statewide decision support tools, decision trees or guides to assist DCS staff assigned to Intake to support them in making this critical decision, and because supervisors often do not review the decisions to screen-in reports until long after the decision is made, workers are not effectively supported in these decisions. In addition, the individuals responsible for Intake in County offices varies greatly and the level of experience can vary from Intake call to Intake call and County to County. SMEs also noted that staff are not well trained regarding the unique role they play in the child protective Intake process.

3. ACTIVITIES

- ☐ Initial Engagement with Reporter
- ☐ Gather and Organize Appropriate Information
- ☐ Analyze Information to Support Acceptance Decision and Investigation Response Time
- ☐ Finalize Intake Decision
- ☐ Supervisory Review and Quality Assurance
- ☐ Handoff / Case Transfer
- ☐ Documentation

Initial Engagement with Reporter

As noted above, Intake is often the first contact that a reporter, victim, family or perpetrator has with DCS. Research shows that families do not differentiate between different individuals within the service provider and agency communities; to families, all of these individuals are seen as “The State.” Intake sets the tone for the family’s perception of “The State” and, if their perception is negative, they may maintain that negativity throughout the life of the case. Similarly, reporters must feel that their reports are handled professionally and taken seriously, or they may not choose to cooperate throughout the Investigation, and may choose not to report again in the future. For these reasons, it is crucial that Intake workers are well-trained, courteous, respectful, professional, and invoke a sense of safety, compassion, and consideration.

In Indiana, Intakes are initiated via phone, fax, mail, email, or in person. Policy does not differentiate between receiving Intakes from citizens and from professional (mandated) reporters. All Intakes are handled consistently, although professional reporters receive feedback on the status of the report, which citizen reporters do not.

Many staff within DCS, not all of whom are dedicated specifically to Intakes, may receive the initial contact. Practice varies by County, with some counties using a variety of DCS staff for Intakes, for after hours some counties are using hotline numbers answered by on-call staff or law enforcement officers, and one county (Marion) contracts with a community-based provider to fulfill the Intake function up to the final decision to accept the report and establish an Investigation response time. The variety of expertise of staff receiving Intakes means that not all reports are taken by experienced, well-trained staff that are comfortable and knowledgeable in the proper ways to conduct an Intake and to interact with callers to obtain necessary information. This may lead to the need to re-engage with the reporter several times after the initial report, diminishing the reporter’s confidence in DCS’ ability to effectively manage the situation, in addition to impacting the ability of DCS to respond quickly and appropriately to the situation.



Indiana Review and Analysis Life of the Case – Intake



On top of the variation in expertise and experience of staff who have Intake responsibility there are no decision support tools or guides to support workers in consistently applying DCS criteria and standards for making Intake decisions.

Collect and Organize Appropriate Information

Although no statewide decision support tools, guidance questions or decision trees for Intake interviews exists, specific information is obtained from the reporter using the experience and judgment of the worker at Intake and often using locally developed formats for the collection of information. The mechanism to record information is the FPP 310/FPP310A screen in ICWIS. In reality, most Intake workers continue to use the hard copy version of these forms, which are officially “obsolete” and not updated consistent with ICWIS but are still available on the DCS website. Workers continue to use them because it is difficult to enter data directly into ICWIS during a reporter interview (or because Intakes happen after hours and remote ICWIS access is too slow for easy data entry directly into the system). On this form, Intake workers record the following information (IC 31-33-7-4):

1. Names and address of the child and the child’s parent, guardian, custodian, or other person responsible for the child’s care
2. Child’s age and sex
3. Nature and apparent extent of child’s injuries, abuse, or neglect, including any evidence of present or prior injuries to the child or the child’s siblings
4. Name of the person responsible for the child’s maltreatment
5. Source of the report
6. Person making the report and where the reporter may be reached
7. Actions taken by the reporting source (for example, professional reporters), such as taking photographs or x-rays, removing or detaining the child, or notifying the coroner
8. Any other information required by regulation or considered helpful by the reporter.

After information from a caller is collected, Intake workers (or clerical staff) conduct a review of the ICES and ICWIS systems to obtain history on the family and any prior involvement with DCS. Many workers currently have remote access to ICWIS, but ICES checks must be completed in the office. Clearly, after hours Intakes do not always allow for these systems checks, which may be completed at any point in the Intake and early stages of the Investigation phase of the case. Intake workers will also review local databases and hard copy historical records for information on the child, family, or alleged perpetrator. If prior DCS involvement was in another county, Intake workers do not have access to those records. Currently, workers are restricted to viewing in ICWIS only information in their own counties of employment. This is a very significant gap in the information gathering process at Intake and can seriously hinder the effective analysis of safety and risk based upon prior experiences of subjects of the report who may have moved from county to county, and also in assessing worker safety issues if the report is accepted for an Investigation.

ICWIS does not allow easily the presentation of all Intake information and prior experiences of the child/family with the Department. Without decision support tools or guides, worker access to prior incidents in other counties and ICWIS’ inability to provide case summary information, the Department’s current approach to the gathering of information lacks any standard practice for organizing the information in a manner that will support expeditious analysis and decision making.

Analyze Information against Criteria

After ICES and ICWIS are checked, and local databases and files are reviewed, workers must review all data collected and determine whether the report meets the criteria to move forward with a full



Indiana Review and Analysis Life of the Case – Intake



Investigation, and if so, what type of Investigation should be conducted. Workers compare the data gathered to the specific criteria listed above under “2. *Criteria*” and make a recommendation to their supervisor. There are no standard decision support tools or guides used in the decision making process, and Intake workers must rely on their experience to make these decisions. In Marion County where Intake is conducted by a contracted purchase of service provider, supervisors receive the initial Intake data collected by the provider and perform the analysis themselves; the contract provider is not allowed to make decisions to screen in or screen out Intake reports nor establish the Investigation response time. This lack of tools and supports for the worker creates an environment of decision making that is directly related to the experience and expertise of the worker taking the Intake. Other states have found it effective to support the critical process of taking an Intake report through the use of decision support tools, decision trees and Intake Guidance questions. These tools are not meant to do the analysis for the worker or to finalize a decision, but rather to assist worker in the gathering, organizing, analysis and prioritization of the information to support a decision.

Making a Decision

Policy indicates that supervisors make final decisions about which Intakes are accepted for further Investigation, but practice shows that workers are not prohibited from making decisions to screen in a report especially in those cases in which an immediate, one hour or 24 hour response is required and no supervisor is available. As noted, workers do not have decisions support tools or guides to aid in the final decision or in the decision regarding Investigation response time. There are guidelines concerning the timeframe that must be followed in the instance of specific allegations, but the SMEs indicated that in general, worker intuition is what drives the decisions about which allegations are referred to Investigation, and the timeline for which the Investigations must be completed. Also, the State does not have any policy regarding the time line for finalizing an Intake decision. Other states do establish Intake decision timelines to ensure that specific allegations are processed through Intake expeditiously and referred on to Investigation without delay.

Supervisory Review and Quality Assurance

Section 204.32 states: *“If, after discussion with the supervisor, a decision is made not to investigate and the report is screened out, the reasons for the decision are to be clearly documented in ICWIS on the FPP 310. ICWIS automatically expunges screened out reports within seven (7) days prior to 180 days from the date of receipt.”* However, this is the only reference to the supervisor being involved in the Intake decision making process at the time the decision is made. In reality, after hours Intakes or those requiring immediate Investigation may not receive supervisory review until after the decision is made to refer the case to Investigation.

When supervisors review decisions, they either agree with the Intake worker’s recommendation, or ask that more information be gathered. In the cases in which a supervisor wants more information, the SMEs indicated that Intake workers will contact the reporter, and sometimes even others indicated in the report, in this circumstance. This later practice is not consistent with law nor policy and does place the State at risk in that the Department has no legal authority to *“begin an Investigation”* without the official acceptance of a report. Law and policy does allow the Department to contact the reporter for additional information or to seek clarification, but not to contact anyone else without the acceptance of the report and the initiation of the Investigation. Once the supervisor agrees with the recommendation to open an Investigation, he or she may change the proposed timeline for Investigation, based on the supervisory review of the circumstances.

Many counties have a specific process for Quality Assurance of screened-out Intakes, including weekly or monthly case staffings, where supervisors and workers discuss the decisions that were made since the last staffing. SMEs indicated that some counties have formal screen-out committees that may meet up to once per month; however these reviews happen long after the *“non-acceptance”* decisions are made, and therefore cannot materially impact the decisions or handling of specific situations. It is critical that quality assurance efforts regarding screened out reports happen at the time a decision is made



Indiana Review and Analysis Life of the Case – Intake



regarding screening out a report. Waiting a week or a month after the decision is too long and places potentially vulnerable children at risk. The development of Intake decision support tools that also are used for supervisory review and approval can provide DCS a more efficient and effective approach to providing supervisory review and quality assurance to all Intake decisions.

Handoff / Case Transfer

There are several key handoffs and transfers during the Intake phase of the life of the case. If a report is received that is clearly outside of the scope of DCS and involves a criminal act, Intake workers may refer the report to law enforcement for further consideration. When the Intake is received by the Marion County purchase of service contractor, the case must be transferred to a supervisor for analysis and decisions. When a DCS Intake worker makes a decision, it must eventually be handed off to a supervisor for approval. Finally, once an Intake is approved for Investigation, the supervisor must assign it for an Investigation.

In some counties, the Intake and Investigation worker may be one in the same, but the supervisory approval and transfer from Intake to the Investigation stage of the life of the case must be completed in ICWIS nevertheless. If the case is transferred to a new worker, this transfer happens in a variety of ways. The SMEs reported that the most common approach was via supervisors; the Intake supervisor will assign the case to an Investigations supervisor, who will then transfer it to an Investigator. Policy does not specify the information or documents that must be included in the transfer from Intake to Investigation. SMEs indicated that usually, everything collected by the Intake worker will be given to the Investigator, including all information in ICWIS (available to the Investigator once assigned the case), the hard copy FPP 310, any notes, research, historical information, etc. collected by the Intake worker. Some SMEs indicated that they conduct a face-to-face discussion with the Investigator at hand-off from Intake, but this is not dictated in policy and is not a standard practice. The lack of a standard approach for case transfer from Intake to Investigation and a required “referral packet” has an effect on the critical need for continuity and consistency in responding to the safety and risk issues of children identified in an accepted Intake report. As with the analysis of information and arriving at a decision, the process for the effective transfer of a case from Intake and Investigation relies on the experience and expertise of the staff and supervisors involved.

Documentation

As noted earlier, Intake workers complete the screens in ICWIS that populate the FPP 310 form, and make an entry in the system concerning the recommendation to conduct an Investigation. There is no timeline concerning when a decision needs to be made from the point of taking the Intake; however, policy does specify that a written report of the Intake must be documented within 48 hours. Screened-out reports are maintained in ICWIS within seven days prior to 180 days from the date of receipt.

Summary

SMEs indicated that Intakes are taken very seriously and generally handled with care and professionalism throughout the State. However, they highlighted several barriers to creating a more efficient and effective Intake process:

- ☐ Since a wide variety of workers actually handle Intakes, some reports are handled by people who do not have extensive training and experience conducting an Intake interview.
- ☐ There are no standard decision support tools, decision trees, Intake guidance questions or guides to support quality practice and decision making.
- ☐ There are no tools to assist in the organization of information and the decisions about whether to involve government in the life of a family.
- ☐ Supervisory quality assurance processes are dictated mostly on local practice and resources.
- ☐ There is no standard referral packet to ensure that information is transferred from Intake to Investigators consistently and clearly.



Indiana Review and Analysis Life of the Case – Intake



4. DECISIONS

- ☐ Acceptance or Screen-Out of Report for Investigation
- ☐ Establish Response Timeframe

Acceptance or Screen-Out of Report for Investigation

The first key decision to be made in the Intake phase of the life of the case is, “*should government become involved in the life of this family?*” By accepting an Intake and referring to the Investigation phase of the life of the case, Intake workers indicate that there is reason to believe that government should in fact become involved with the family to ensure the child’s right to the due process of safety and protection. The decision is based on the statutory definition of child abuse or neglect, as detailed in IC 31-34-1-1 through IC 31-34-1-5. Workers must have adequate training to effectively engage with the reporter, tools to aid in collecting and analyzing information, clear guidelines for decision making, supervisory oversight to ensure quality and a set of best practice standards for the transfer of the case from Intake to Investigation when the report is accepted. Without these, Intake workers will not be able to effectively fulfill the first critical decision of the Department in the life of a child welfare case. SMEs indicated that there is room for improvement in all of these areas, which would greatly enhance the accuracy, timeliness and decision making capacity of DCS staff to accept or reject a report for Investigation. These improvements would also strengthen the capacity of supervisors in providing supervisory and quality assurance oversight in improving timely and accurate Intake decisions as well as ensure that through the “screen-out” process no children fall into the gaps at the Intake phase of the case.

Establish Response Timeframe

Assuming a decision is made that the allegations warrant an Investigation, the second key decision for the Department is to establish an appropriate response timeframe. This will depend on the nature of the allegations and the quality of the information obtained from the reporter. For this reason, the gaps identified by the SMEs relating to the decision to accept or reject also affect the determination of the appropriate timeframes. Given that many decisions must be made within just a few minutes or within one hour, a clear, uniform approach (including decision support tools and guides) to decision making relating to acceptance or rejection, and appropriate timeframes, will aid in the timely initiation of Investigations.

Summary

As previously stated, effective tools to assist Intake workers and supervisors in making critical Intake decisions do not exist outside the local tools and supports that may have been developed at the County level. Without best practices decision support and validation tools and guides, DCS must rely solely on the experience, expertise and professional judgment. Policy guidelines do exist to help establish timelines, but the current atmosphere and level of stress relating to child fatalities and subsequent legal issues in the State may cause workers to accept more Intakes than actually necessary. Clearer decision support tools and supervisory involvement may alleviate this tendency and make workers feel more supported in their decision making process as well as increase their confidence in making appropriate Intake decisions.



Indiana Review and Analysis Life of the Case – Intake



5. HAND-OFFS/CASE TRANSFER

- ☐ Accepted and Assigned for Investigation
- ☐ Screened-Out Intakes

Accepted and Assigned for Investigation

Cases that are accepted for Investigation must be transferred to an Investigator in a timely manner. According to the SMEs, practice varies in this area. Smaller counties may not have an actual hand-off procedure because the same worker may receive the Intake and conduct the Investigation. In other counties, Intake workers will begin the Investigation for those allegations requiring immediate response, and transfer the case to an Investigator later in the process (or to an ongoing case manager after the Investigation is complete). Large counties may hand off the case to an Investigator in all or most situations.

Assuming an actual hand off does occur, Supervisors are responsible for assignment to an Investigator. SMEs indicated that most often, the Intake Supervisor will assign the Investigation to an Investigation Supervisor, who will then assign it to an actual Investigator. ICWIS provides alerts when new Investigations are assigned, but in reality, workers and supervisors can dismiss an alert without responding. Although alerts will continue to appear until they are acted upon, dismissing them allows workers to delay taking responsibility for managing a case. Although cases are “assigned” through ICWIS to a supervisor, due to workloads, staff leave and other priorities some cases have the potential to go “uncovered.”

Practice in some counties encourages face-to-face meetings of Intake and Investigation workers, along with the actual transfer of hard copy documents. As noted above, most hard copy transfers include the FPP 310 form and any other documents collected at Intake, but there is no specified structure or contents for a transfer packet.

Screened-Out Intakes

Cases that do not meet the statutory definition of child abuse or neglect are screened out and the Intake is closed. Rejected Intakes remain in ICWIS until within seven days of the 180th day since the Intake. When Intakes are rejected, reporters or families may be given information about community services and other referrals that may assist them. Families may also request voluntary services.

Summary

Although Intake workers generally transfer everything collected at Intake to the Investigator, the lack of clear case transfer guidelines and decision support tools for Intake workers themselves means that the Investigator may or may not receive adequate documentation to inform the Investigation at transfer. Additionally, the fact that workers may dismiss ICWIS alerts concerning new Investigations means that required timelines may not consistently be met.



Indiana Review and Analysis Life of the Case – Intake



6. RECOMMENDATIONS

Improvements to the Intake phase of the life of the case could be made by implementing a few key changes and supports. In general, we recommend:

- ☐ Further consideration of the sexual abuse Investigation requirement, through a statistical analysis of the workload impact and review of statute and policy to ascertain the extent of this workload and responsibility on DCS.
- ☐ The development of statewide set of standards for the Intake process.
- ☐ Creating decision support tools for Intake decisions, Intake guidance questions, and “How-Do-I?” Guide. TM
- ☐ Clearer supervisory quality assurance moments for Intake
- ☐ Standardized Intake to Investigation transfer process and packets.

In general, tools and quality assurance activities should be designed to aid the Intake worker as he or she completes the required steps in the Intake process. These tools should not be used “after the fact,” but instead should aid Intake workers during the process of gathering and organizing information and in the analysis and decision making process. Supervisors should be able to use the same tools for supervisory review and approval and in the quality assurance process to validate decisions. ICWIS should be used as the medium for these tools as much as possible to eliminate the need for duplication of efforts and excess data entry. Intake and Investigation workers need to be provided access to prior information on families/children that occurred in other counties and the Department should review the IN statute that has been interpreted to prevent this critical sharing of information. ICWIS should also house as much of the transfer information as possible, so the Investigation worker, supervisors, and others may have access to as much information as possible without having to obtain hard copy files and documents. This could include building a “Life of the Case – Case History Tool” that would gather and organize all key information on any DCS case from Intake to case closure. The “Case History Tool” can support the continuity of DCS efforts as well as support supervisory review at any point in the life of a DCS child welfare case.

Statute/Code

1. With regard to the unique role that DCS plays in investigating sexual abuse/misconduct allegations when there is no parent, guardian or caretaker involved, DCS should conduct a statistical study regarding the scope of this workload (i.e. percentage of Intakes; percent of Investigation; demographics of children involved; length of time between incident and report). Depending on the results, it may be necessary to amend IC 31-34-1-3 relating to the requirement that DCS investigate all allegations of sexual abuse or contact involving a child.
2. SMEs indicated that interpretation of IC 31-33 led to the decision to limit staff member access in ICWIS to only that information related to the staff member’s county. It does not appear that this statute specifically prohibits expanding access, but this interpretation has created a situation that prevents Intake and Investigation workers from having access to information regarding prior incidents that occurred in other counties. Action must be taken to insure that Intake and Investigation workers have access to this critical information to support the analysis of Intake information, to support the establishment of an Investigation plan; and assess potential worker safety issues. Since Indiana is a State Supervised and State Administrated child welfare system, there should be no prohibitions in appropriate workers having access to the information contained in ICWIS when it involves a child protective Intake or Investigation decision.



Indiana Review and Analysis Life of the Case – Intake



Policy / Procedures

1. Review key decision timeframes through a statistical study or through the review of comparable state's standards for completing an Intake decision to determine how long the steps in the Intake decision making process take throughout the state.
2. Using results from statistical study or a national review, develop clear procedures and time-lines for the Intake process:
 - ☐ Timelines
 - ☐ Decision Making
 - ☐ Supervisory Approval
3. Require formal Intake training for DCS Intake staff and professional reporters. The later training can be supported through Children Trust Fund dollars.
4. Clarify for all workers that collateral contacts are not to be made until such time as an Investigation is initiated, because asking questions related to the safety of a child are considered "initiating an Investigation," and could create liability for the agency.

Decision Support and Validation Tools

1. Develop Intake Decision Tool(s), Decision Tree(s) and Intake Guidance Questions to support the effective gathering of information, analyzing the information available, arriving at an accurate Intake decision. And if accepted for an Investigation, these tools should support Intake workers in establishing Investigation timeframes, and identifying initial safety and risk factors for consideration by the FCM during the Investigation phase. These tools will include guidelines for accepting reports, approving reports for both Investigation and screen outs. These tools will also be used by supervisors for review and approval of activities and decisions and for quality assurance efforts. All the tools need to be clearly linked to safety and risk, the reason the Department is involved with the family, and to promote the continuity of the Department's efforts with the family and on behalf of the safety and well-being of the child.
2. Revise the current hard-copy FPP310 form and integrate its information into the recommended decision support tools. This will lessen staff's need to use multiple tools to support the Intake process and doing the required data entry into ICWIS. A future ICWIS consideration must be the redesign of ICWIS to flow with the Life of the Case and to include all decision support tools – the completion of these tools will also provide the State and federal required information and limit data entry for compliance purposes. In the interim, identify ways in which ICWIS can draw information out of its database to pre-fill decision support tools, create a "Life of the Case – Case History Tool" and provide a well organized transfer packet from Intake to Investigation.
3. Provide remote access to both ICWIS and ICES so that workers may more easily gain access to crucial information for Intakes.
4. Consider automating a more robust, real-time interface between ICES and ICWIS so that information is available in one location.
5. Develop capability to store historical record information currently in hard copy on ICWIS.
6. Create tools or systems to accommodate foreign-language Intake interviews.
7. Develop through ICWIS a "Life of the Case - Case History Tool" that may be accessed by workers in all counties, and contains detailed information about the family and child's involvement with DCS. This tool can support a Department worker at any phase of the case. It will be a valuable tool for the Intake worker in accessing and reviewing all prior contacts of the family with the Department to support the Intake analysis process. For the Investigation worker it supports



Indiana Review and Analysis Life of the Case – Intake



the conducting the Investigation by allowing the worker access to all prior reports; child protective findings; services provided; results of services; and court involvement in an easy to use case study format.

Supervisory Review and Quality Assurance

1. Clarify policy relating to the supervisory approval role in Intake decisions. Supervisors should either be responsible for review of all Intake decisions, or there should be clear policy regarding supervisory review of timelines for specific Intake circumstances. Changing policy to explicitly empower workers to proceed without supervisory approval in situations that are high-risk to a child should also be considered.
2. Consider the continued need for counties engaging in weekly or monthly “screen-out” Intake quality assurance discussions – a standard quality assurance process at the supervisory level at the time a decision is made not to accept a report for an investigation will eliminate the need for this additional step, which often occurs too late to have an impact on specific situations because professional review teams are not able to meet as regularly as needed.

Case Transfers

3. Develop standard format for “Hand-Off/Transfer Packet” from Intake to Investigation and for all stages in the life of the case. Automate as much of this packet as possible in the ICWIS system.